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Re: U.S. Patent Serial Number 10/615,091
For: AUTOMATIC TRAFFIC SIGN RECOGNITION
By: Oyvind STROMMEN
Filed: July 7, 2003
Examiner: T. To
Art Unit: 3663
Our Reference: 426882007500

ATTACHED DOCUMENTS:

1. Transmittal (1 page);
2. Fee(s) Transmittal (PTOL-85) (in duplicate - 2 pages) and
3. Amendment under 37 C.F.R. §1.312 (3 pages).

COMMENTS:

Please see attached. Thank you.



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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. GMB 0651-0091

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

		Application Number	10/615,091
		Filing Date	July 7, 2003
		First Named Inventor	Oyvind STROMME
		Art Unit	3663
		Examiner Name	T. To
Total Number of Pages in This Submission	6	Attorney Docket Number	426882007500

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> After Allowance Communication to Group (Amendment Under 37 CFR 1.312 - 3 pages)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. PTO-85 (in duplicate - 2 pages)
<input type="checkbox"/> Information Disclosure Statement w/ Form PTO 1449 (4 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Robert E. Scheid - Reg. No. 42,126
Signature	
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